

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | TD       |        | 5/31/00 |
| O.I.P.E. CLASSIFIER       |          |        | 5-12-00 |
| FORMALITY REVIEW          | 22       | 823    | 7/19/00 |
| RESPONSE FORMALITY REVIEW |          |        |         |
|                           |          |        |         |

### INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| ÷ | Restricted                 | O | Objected     |

| Claim | Date     | Claim | Date     | Claim | Date     |
|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original |
| 1     | 2        | 51    |          | 101   |          |
| 2     | 3        | 52    |          | 102   |          |
| 3     | 4        | 53    |          | 103   |          |
| 4     | 5        | 54    |          | 104   |          |
| 5     | 6        | 55    |          | 105   |          |
| 6     | 7        | 56    |          | 106   |          |
| 7     | 8        | 57    |          | 107   |          |
| 8     | 9        | 58    |          | 108   |          |
| 9     | 10       | 59    |          | 109   |          |
| 10    | 11       | 60    |          | 110   |          |
| 11    | 12       | 61    |          | 111   |          |
| 12    | 13       | 62    |          | 112   |          |
| 13    | 14       | 63    |          | 113   |          |
| 14    | 15       | 64    |          | 114   |          |
| 15    | 16       | 65    |          | 115   |          |
| 16    | 17       | 66    |          | 116   |          |
| 17    | 18       | 67    |          | 117   |          |
| 18    | 19       | 68    |          | 118   |          |
| 19    | 20       | 69    |          | 119   |          |
| 20    | 21       | 70    |          | 120   |          |
| 21    | 22       | 71    |          | 121   |          |
| 22    | 23       | 72    |          | 122   |          |
| 23    | 24       | 73    |          | 123   |          |
| 24    | 25       | 74    |          | 124   |          |
| 25    | 26       | 75    |          | 125   |          |
| 26    | 27       | 76    |          | 126   |          |
| 27    | 28       | 77    |          | 127   |          |
| 28    | 29       | 78    |          | 128   |          |
| 29    | 30       | 79    |          | 129   |          |
| 30    | 31       | 80    |          | 130   |          |
| 31    | 32       | 81    |          | 131   |          |
| 32    | 33       | 82    |          | 132   |          |
| 33    | 34       | 83    |          | 133   |          |
| 34    | 35       | 84    |          | 134   |          |
| 35    | 36       | 85    |          | 135   |          |
| 36    | 37       | 86    |          | 136   |          |
| 37    | 38       | 87    |          | 137   |          |
| 38    | 39       | 88    |          | 138   |          |
| 39    | 40       | 89    |          | 139   |          |
| 40    | 41       | 90    |          | 140   |          |
| 41    | 42       | 91    |          | 141   |          |
| 42    | 43       | 92    |          | 142   |          |
| 43    | 44       | 93    |          | 143   |          |
| 44    | 45       | 94    |          | 144   |          |
| 45    | 46       | 95    |          | 145   |          |
| 46    | 47       | 96    |          | 146   |          |
| 47    | 48       | 97    |          | 147   |          |
| 48    | 49       | 98    |          | 148   |          |
| 49    | 50       | 99    |          | 149   |          |
| 50    |          | 100   |          | 150   |          |

If more than 150 claims or 10 actions  
staple additional sheet here

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